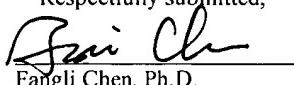


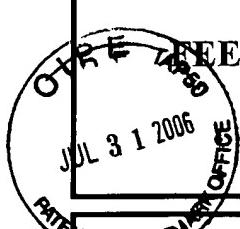


Express Mail Mailing Label No.: EV899585656US

| | | |
|---|-------------------------------------|---|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Attorney Docket Number INL-091 |
| In re Application of Cauwenberghs <i>et al.</i> | | |
| Application Serial No. 10/019,740 | | |
| Filed: December 28, 2001 | | |
| Group Art Unit: 1641 | Examiner: Jung, Unsu | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above entitled application. | | |
| The requested extension and appropriate non-small-entity fee are as follows (check time period desired) | | |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ | 120.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ | |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ | |
| <input type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27, therefore the fee amount shown above is reduced by one-half. | \$ () | |
| EXTENSION FEE DUE | | \$ 120.00 |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> The Commissioner is hereby authorized to charge the required fee to Deposit Account No. 50-1721. Enclosed is a duplicate of this sheet. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 50-1721. <input checked="" type="checkbox"/> Return receipt postcard enclosed. | | |
| I am the | <input type="checkbox"/> | assignee of record of the entire interest. |
| | <input type="checkbox"/> | applicant. |
| | <input checked="" type="checkbox"/> | attorney or agent of record. |
| | <input type="checkbox"/> | attorney or agent under 37 CFR 1.34(a). |
| Registration number if acting under 37 CFR 1.34(a). _____. | | |
| CORRESPONDENCE ADDRESS | | SIGNATURE BLOCK |
| Direct all correspondence to: Patent Administrator Kirkpatrick & Lockhart Nicholson Graham LLP State Street Financial Center One Lincoln Street Boston, MA 02111-2950 Tel. No.: (617) 261-3100 Fax No.: (617) 261-3175 | | Respectfully submitted,  Fangli Chen, Ph.D. Atty/Agent for Applicant(s) Kirkpatrick & Lockhart Nicholson Graham LLP State Street Financial Center One Lincoln Street Boston, MA 02111-2950 |

BOS-992886 v1

08/02/2006 MARBLR1 00000005 10019740
120.00 UP
01 FC:1251


**FEES TRANSMITTAL
FY 2006**

| Complete if Known | |
|---------------------------|-------------------|
| Application Serial Number | 10/019,740 |
| Filing Date | December 28, 2001 |
| First Named Inventor | Cauwenberghs |
| Group Art Unit | 1641 |
| Examiner Name | Jung, Unsu |
| Attorney Docket No. | INL-091 |

METHOD OF PAYMENT

1. Payment Enclosed:
 Check Money Order Other

2. The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-1721.
 Required Fees (copy of this sheet enclosed).
 Additional fee required under 37 CFR 1.16 and 1.17.
 Overpayment Credit.
3. Applicant claims small entity status.

FEE CALCULATION**1. FILING/SEARCH/EXAM/SIZE FEES****Large Entity**

| Fee (\$) | Fee Description | Fee Paid |
|----------|--|----------|
| 300 | Utility filing fee | |
| 500 | Utility search fee | |
| 200 | Utility exam fee | |
| 250 | Utility size fee (each add'l 50 pgs. over 100) | |
| 200 | Design filing fee | |
| 100 | Design search fee | |
| 130 | Design exam fee | |
| 250 | Design size fee (each add'l 50 pgs. over 100) | |

| | Number Filed | Number Extra | Rate | Amount |
|--|--------------|--------------|--------------|--------|
| Total Claims | - 20 = | | x \$ 50.00 = | |
| Independent Claims | - 3 = | | x \$200.00 = | |
| <input type="checkbox"/> Multiple Dependent Claim(s), if any | | | \$360.00 = | |

TOTAL:
SMALL ENTITY DISCOUNT:

| | |
|---------------------|-------------------|
| SUBTOTAL (1) | (\\$) 0.00 |
|---------------------|-------------------|

2. AMENDMENT CLAIM FEES

| Claims Remaining After Amend. | Highest No. Previously Paid For | Present Extra | Rate | Fee Paid |
|--|---------------------------------|---------------|--------------|----------|
| Total | - = | | x \$ 50.00 = | |
| Indep. | - = | | x \$200.00 = | |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim | | + \$360.00 = | | |

TOTAL:
SMALL ENTITY DISCOUNT:

| | |
|---------------------|-------------------|
| SUBTOTAL (2) | (\\$) 0.00 |
|---------------------|-------------------|

SUBTOTAL (3) (\\$) 120.00

| |
|----------------------------|
| SUBTOTAL (1) 0.00 |
| SUBTOTAL (2) 0.00 |
| SUBTOTAL (3) 120.00 |

TOTAL (\\$) 120.00

SIGNATURE BLOCK

Direct all correspondence to:

Patent Administrator
Kirkpatrick & Lockhart Nicholson
Graham LLP
State Street Financial Center
One Lincoln Street
Boston, MA 02111-2950
Tel. No.: (617) 261-3100
Fax No.: (617) 261-3175

Date: July 31, 2006
Reg. No.: 51,551
Tel. No.: (617) 261-3198
Fax No.: (617) 261-3175

Respectfully submitted,

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Boston, MA 02111-2950